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CONFIRMATION NO. 1885

Bib Data Sheet

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/064,709 | FILING OR 371(c)<br>DATE<br>08/08/2002<br>RULE | CLASS<br>370 | GROUP ART UNIT<br>2616 | ATTORNEY<br>DOCKET NO.<br>56162.000349 |
|-----------------------------|--|--------------|------------------------|--|

**APPLICANTS**

Nicola Scioscia, Trento, ITALY;

**\*\* CONTINUING DATA \*\*\*\*\***

(P) This appln claims benefit of 60/310,838 08/09/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/19/2002

|                                 |  |                           |                        |                    |                         |
|---------------------------------|--|---------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>ITALY | SHEETS<br>DRAWING<br>5 | TOTAL CLAIMS<br>31 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                    |                         |
| Verified and Acknowledged       | <br>Initials   |                           |                        |                    |                         |

**ADDRESS**

21967

**TITLE**

Symmetrical telephony system and method

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>938 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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